UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA

NOTICE OF ATTORNEY APPEARANCE AND COUNSEL CONTACT INFORMATION FORM

Select all that apply:					
MDL No. 2187 In Re C. R. Bard, Inc., Pelvic Repair System Products Liability Litigation			MDL No. 2325 In Re American Medical Systems, Inc., Pelvic Repair System Products Liability Litigation		
MDL No. 2326 In Re Boston Scientific Corp. Pelvic Repair System Products Liability Litigation			MDL No. 2327 In Re Ethicon, Inc., Pelvic Repair System Products Liability Litigation		
MDL No. 2387 In Re Coloplast Corp. Pelv Systems Products Liability Litigation	vic Support				
Civil Action Number (SDWV):					
(To be filed electronically in each member case noted)	Plea	ase Print o	r Type Below		
	ATTORN	IEY II	NFORMATION		
Check One: Plaintiff Counsel		Defense Counsel		☐ Third Party Defense Counsel	
Last Name	First Nam	ne		Middle Name/Maiden	Suffix
Bar Number and State:			E-Mail Address:		
Party Representing:					
Originating Case Number:			Originating District:		
Originating Short-Case Style:					
Direct Dial Number:			Cell Phone Number:		
Secretary Name:			Paralegal Name:		
	LAW FI	RM IN	FORMATION		
Firm Name:					
Address:					
City:	State	e:		Zip:	
Firm Phone Number:			Firm Fax Number:	'	
Other members of firm involved in this	itigation:				
			s/		
Date				Electronic Signature	